
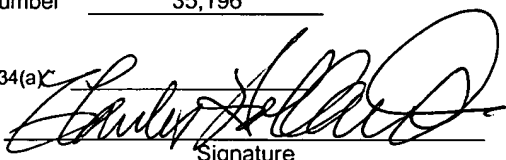


PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket No. (Optional) 273802002200																					
	In re Application of Jacob Sten PETERSEN																						
	Application Number 09/064,682		Filed April 22, 1998																				
	For: COMBINATIONS OF ANTIGEN AND MUCOSAL BINDING COMPONENT FOR INDUCING SPECIFIC IMMUNOLOGICAL TOLERANCE																						
	Art Unit 1645	Examiner R. Swartz																					
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired):</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 15%;"><input type="checkbox"/></td> <td style="width: 65%;">One month (37 CFR 1.17(a)(1))</td> <td style="width: 20%; text-align: right;">\$</td> <td style="width: 10%;"></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Two months (37 CFR 1.17(a)(2))</td> <td style="text-align: right;">\$</td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Three months (37 CFR 1.17(a)(3))</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">950.00</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Four months (37 CFR 1.17(a)(4))</td> <td style="text-align: right;">\$</td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Five months (37 CFR 1.17(a)(5))</td> <td style="text-align: right;">\$</td> <td></td> </tr> </table> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ _____</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 03-1952</p> <p>I have enclosed a duplicate copy of this sheet. Fee Transmittal form (PTO/SB/17) is attached to this submission in duplicate.</p> <p>I am the <input type="checkbox"/> applicant/inventor.</p> <p> <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p> <input checked="" type="checkbox"/> attorney or agent of record. Registration Number 35,196</p> <p> <input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a): _____</p> <p style="margin-left: 100px;">May 12, 2004 Date</p> <p style="margin-left: 100px;">(650) 813-5832 Telephone Number</p> <div style="text-align: right; margin-right: 100px;">  Signature Charles D. Holland Typed or printed name </div> <p style="font-size: small;">NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below</p>				<input type="checkbox"/>	One month (37 CFR 1.17(a)(1))	\$		<input type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$		<input checked="" type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$	950.00	<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$		<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$	
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<input checked="" type="checkbox"/> Total of 1 forms are submitted.																							

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